



A.M.D.G.

CRESCENT COLLEGE COMPREHENSIVE S.J.

DOORADOYLE, LIMERICK V94 W6W8

Review by Board of Management Request (Appeal) Form – Refused Admission

PLEASE ENSURE THAT YOU KEEP A COPY OF THIS COMPLETED FORM

The completed form must be submitted to the Board of Management within 21 calendar days from the date of the decision to refuse admission to the school.

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM

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- 1. School name:**
 - 2. School address:**
 - 3. Name of the applicant (parent(s)/guardian(s) or student if student is over 18):**

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- 4. Address of the applicant:**

_____ **Eircode:** _____

- 5. Contact phone number:**

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- 6. Name of student:**

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- 7. Address of student (if different from address given above):**

_____ **Eircode:** _____



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8. Date of birth of student:

9. Class/Year to which admission has been sought (eg. 1st Year, name of special class):

10. Date of decision to refuse admission:

11. Grounds for making this request (appeal) – Note: this request must be based on the implementation of the school’s admission policy and the content of the school’s annual admission notice. In that regard please specify why you consider that the school’s admission policy and/or admission notice were not applied correctly to your application for admission:
